DOCUMENT RESUME

ED 139 207 EC 100 782

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TITLE Three Infants: Case Studies of Children in the Infant-Parent Training Program.
PUB DATE Apr 77
NOTE 33p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (55th, Atlanta, Georgia, April 11-15, 1977)

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Blind; *Case Studies; *Cerebral Palsy; Early Childhood Education; Exceptional Child Research; *Intervention; Mentally Handicapped; *Mongolism; *Parent Education; Physically Handicapped; Visually Handicapped

ABSTRACT

A congenitally blind boy 2 months old, a Down's syndrome girl 4 months old, and a cerebral palsied boy 14 months old were studied in depth to evaluate the impact of an early intervention program focusing on parent training. All three children progressed and achieved near or above normal functioning for their ages within a 4 to 5 month period. (Materials are provided which include developmental assessment sheets and profile graphs, an outline form for an individualized educational program, and a sample outline for one child's long range objectives.) (SBH)

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THREE INFANTS: CASE STUDIES OF CHILDREN IN THE INFANT-PARENT TRAINING PROGRAM

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Paper to be presented at the Annual Meeting of the Council for Exceptional Children, Atlanta, Georgia, 1977.

The program described in this paper is partially funded under OE (Handicapped) 13.444.

EC 100 782

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363.01

THREE INFANTS: CASE STUDIES OF CHILDREN IN THE INFANT-PARENT TRAINING PROGRAM

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Abstract

A congenitally blind boy 2 months old, a Down's syndrome girl 4 months old, and a cerebral palsied boy 14 months old were studied in depth to evaluate the impact of an early intervention program focusing on parent training. All three children progressed and achieved near or above normal functioning for their ages within a 4-5 month intervention period.

THREE INFANTS: CASE STUDIES OF CHILDREN IN THE INFANT-PARENT TRAINING PROGRAM

The Infant-Parent Training Program is a First Chance Program in Austin, Texas. It serves retarded infants and infants at risk for retardation and other developmental disabilities. The program began in 1972 with a pilot class of eight toddlers (Drezek, Note 1). The class combined Keister's (1970) model of infant day care with traditional special education techniques. In 1973 the program received Developmental Disabilities Act and 89-313 funds, and incorporated aspects of the Portage Program (Shearer & Shearer, 1972). First Chance funding was received in 1974.

Since 1973, the Infant-Parent Training Program has developed a unique model of special infant education, the "developmental roles" model (Drezek, Notes 2-4). The model uses 121 anchor goals which are related to key infant functions as the basis of curriculum development. In 1975-6, as part of the evaluation effort, ten infants were studied in depth. This paper reports the case studies of three of these infants.

Methods

Subjects. The first ten children, entering the program after August 30, 1975, whose parents were willing to participate, were chosen for the case studies. Sufficient data is only available on the first three children.

Adam was the first child of Caucasian parents. At birth it was noted that both eyes were deformed; the right eye was micropthalmic and the left was covered by a corneal opacity. It was thought that he had very little vision. His parents were in contact with the program from shortly after his birth. Adam was first evaluated at age 2 months.

Betty was the second child of Negro parents. At birth features characteristic of Down's syndrome were noted. A chromosome study revealed trisomy-21. A member of the local Parents of Down's Syndrome persons visited the mother shortly after Betty's birth. Betty was first seen at the program at age 4 months.

Charles was the second child of Caucasian parents. His mother became concerned when he was late in meeting motor milestones. He sat at 9 1/2 months and pulled up at 13 months. He was first seen for evaluation at the age of 14 months. He was later diagnosed as possibly cerebral palsied with a seizure disorder.

Instruments. The children were assessed using the Ordinal Scales of Infant Development (Uzgiris & Hunt, 1975), the Receptive-Expressive Emergent Language test (Bzoch & League, 1972), the Objectal Scale (Decarie, 1965), the Social Competency Scale (White & Watts, 1973), the Portage Checklist (Shearer & Shearer, 1972), the Denver Developmental Screening Test (Frankenberg & Dodds, 1967), and through neurodevelopmental assessment procedures (Pearson & Williams, 1976). The parents were assessed on the Maternal Behavior Research Instrument (Schaefer, Bell, & Bayley, 1959).

Videotapes of the children playing freely, the mother interacting with the child, and the teacher interacting with the child were made. The tape settings had a uniform structure. The tapes were analyzed with the APPROACH (Caldwell & Honig, no date), ABC (Honig, Lally, Note 5), and Pacific Oaks checklists (Prescott, Jones & Kritchevsky, 1972), respectively.

Procedures. Children were first seen in the home for two intake visits. The program was described and several of the instruments administered. The children were then seen for a "diagnostic week". While the children were evaluated by the teaching and therapy teams, the parents met with the social worker and home program supervisor to receive orientation to the

program. At the end of the week a staffing was held to determine the placement of the child, programs for the parents, and curriculum emphases for the child. The parents attended a month of weekly "parent-child" classes. In these classes three sets of parents worked with three teachers. The parents rotated among the teachers, each of whom focused on a single area--motor development, cognitive-language development, or self help skills. The teachers demonstrated basic educational techniques and therapy activities, and modelled positive attitudes toward the children.

All three of these children were placed in the Home Program. In this program, a home worker visits the family once a week. The worker may demonstrate specific activities or discuss specific problems with the parent. The parents are encouraged to use the weekly session as a base for elaborating activities for the children for the rest of the week.

Results

Adam. At the time of his first evaluation Adam passed all the DDST items to age level with the exception of those requiring vision. His Portage score was 55, Uzgiris-Hunt ratio was .87, REEL combined language quotient 100, and Objectal level 1 month. His mother was rated 28 on negative maternal behaviors and 66 on positive maternal behaviors.

The videotape analysis showed that Adam's mother spent 38% of her time in language facilitation, 41% in positive social-emotional interaction and only 2% in cognitive facilitation. During free play Adam spent 15% of his time vocalizing or seeking information, and 85% of his time lying still. The teacher tape revealed that most of the child-teacher contacts were centered on therapy activities. The teacher's log recorded that the teacher had worked with Adam's family along the lines suggested by Fraiberg (1975) on kinesthetic interaction games, the nonverbal language of blind babies, and object concept.

Adam was reevaluated at the age of six months. The occupational therapist wrote, "Reflex and functional development appear delightfully on cue for a 6 month old." At this time Adam was initiating games, discriminating his mother from others with smiles, laughing, crawling, babbling, finger-feeding, and reaching for sound objects. Shortly afterward Adam underwent surgery to attempt to salvage part of his vision. As a result of the surgery, a second set of tapes were not made. However, Adam is reported to crawl to lighted objects now, and it is believed that he will have some vision.

By 6 months, Adam had achieved all of the long range goals set by his teacher for that period. He performed all non-vision items to age level and six items above age level on the DDST. His scores were: Portage, 95, Uzgiris-Hunt ratio 1.04, REEL CLQ 112, Objectal, 11 months. His mother had decreased her negative behavior rating to 25. Adam's entire family loved him and were proud of his achievements. In all areas, with the exception of those requiring vision, he was functioning as a bright normal child; he was not demonstrating the delays almost inevitably noted in blind infants.

Betty. When Betty's mother received the diagnosis, she became hysterical and had to be restrained physically. At the time of the first evaluation she frequently mentioned her hope that Betty would die, and rejected any demonstration of Betty's potential. She held her daughter awkwardly and fed her with violent motions. Betty appeared so passive that some of the team throught she might be deaf.

At 4 months, Betty achieved 16 items on the DDST. Her Uzgiris-Hunt ratio was .37, her REEL CLQ was 25 and her Objectal level 5 months. Her mother had a negative behavior rating of 58 and a positive rating of 48.

The tapes showed that Betty's mother spent 36% of her time in language facilitation, 20% in positive social interaction, 0% in cognitive

facilitation. She presented toys rapidly and rocked Betty in an upright position. As a result, Betty cried throughout the taping of the freeplay segment.

The original program goals focused on improving Betty's mother's feelings toward Betty. The mother was given reading materials on Down's syndrome which illustrated the possibility of high achievements for these children. A counselor visited occasionally to help the mother explore her feelings of anger and frustration about Betty and the general conditions of her life. The child-parent teachers modelled child care techniques geared to Betty's needs, and helped Betty's mother to develop interaction patterns which were mutually reinforcing. The home teacher demonstrated activities to encourage vocalization, exploration, trunk control, and independent locomotion.

Betty was reevaluated at 9 months. The occupational therapist noted "significant progress on a neurodevelopmental basis seems evident". Betty appeared to be a different child. She vocalized frequently in a combination of babbling and jargon, smiled and initiated interaction. She pulled to a standing position, supported her own weight, and actively explored toys. Her mother interacted with her warmly and bragged about Betty's latest achievements. Betty's mother reported that she had emerged from her depression and was sewing and attending church again.

At 9 months Betty achieved 39 DDST items. Her Uzgiris-Hunt ratio was .72, her REEL CLQ was 72, her Objectal level was 11 months. Her mother had decreased her negative behavior rating to 19. The videotape analysis showed that the mother's contacts with Betty had more than tripled. Of these 42% were in the area of language facilitation, 24% positive social interaction and 22% cognitive faciltation. During freeplay, 12% of Betty's

activities were information processing, 33% verbalization, 23% manual activities, 17% music making, 6% imitation and 8% complex.

Charles. Charles was first seen at 14 months. At this time he appeared to be a cheerful, quiet child who did not initiate activities. His mother was very tense, and had disguised the purpose of her visits to the program to friends and family. Charles passed all the DDST items at age level, with the exception of the motor items for a score of 46. His Uzgiris-Hunt ratio was .65, his REEL CLQ was 69 and his objectal level was 12 months.

Charles' program focused on physical and occupational therapy to encourage more mature reflex development. The activities also dealt with gestural imitation, vocabulary acquisition and independent feeding skills. An attempt was made to interpret the assessment information to Charles' mother in such a way that it would not be over whelming to her, and to encourage her to see her son's positive achievements.

At 19 months Charles had a DDST score of 51. His Uzgiris-Hunt ratio was .87, his REEL CLQ was 73 and his Objectal level was 15 months. The occupational therapist noted "significant progress in reflex development and functional skills." Charles was walking, using many words, and actively structuring his play. He was successfully placed in a preschool program with normal childrn. His mother was able to describe his progress proudly.

Discussion

The three case studies demonstrate the significant progress which can be achieved with very early intervention in which parents are involved. In each case the children not only made progress, but also achieved much more normal functioning. In each case parents came to terms with the reality of their child's handicap in a positive way. The intervention

period, in these cases, was brief, 4-5 months. The children have continued to progress toward more and more normal functioning since the data was gathered.

It is clear that the more striking progress was made by the two younger children. The families of these children had support almost immediately after the diagnosis of the children. Such support may possibly prevent the building up of family tensions and the establishment of dysfunctional family-child interaction patterns and expectations. Only further research will be able to discover if there is a critical period during which intervention is most potent.

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Checklist For Students Folder

1. Developmental Assessment Report
2. Individualized Educational Program
3. Physical Therapy Program
4. Occupational Therapy Program
5. Schedule of Activities
6. Long Range Objectives Form
7. Progress Notes
8. Follow-up Reports by Programmer

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Developmental Assessment Rationale

For the purpose of examining the present level of developmental functioning of an individual child several alternatives to a standardized intelligence test must be employed. These procedures usually involve: scales, checklists, or observational methods which are standardized and normed. These assessment procedures will yield a Developmental Age level for the child in the areas of: Cognition, Language, Fine Motor, Gross Motor, Social/Emotional, and Self-Help. In the case of the developmentally delayed child, the resulting Developmental Age is easily translated into an educational program including objectives and appropriate activities for the child.

While implementing an educational program, it is necessary to be mindful of the child's current Developmental Rate of learning. This Rate is obtained by dividing the Developmental Age (DA) by the Chronological Age (CA). The Developmental Rate is a percentage which reflects the rate at which the child is developing in comparison to normal child development which is 100%. This Rate should be computed for each of the learning areas.

$$\text{Developmental Rate} = \frac{DA}{CA}$$

At the time of each re-evaluation a new Developmental Rate must be computed for each area. Obtaining the Developmental Rate is useful in predicting the learning objectives for the child.

Developmental Assessment

Name:_____ School:_____

DOB:_____ Date:_____

Age:_____ Examiner:_____

Assessment Scales Used:

1. Language:

   Present level of developmental functioning:

   Developmental Age:

   Developmental Rate:

   Recommendations For Educational Plan:

2. Cognition:

   Present level of developmental functioning:

   Developmental Age:

   Developmental Rate:

   Recommendations For Educational Plan:

3. Motor:

Present level of developmental functioning:

Developmental Age:

Developmental Rate:

Recommendations For Educational Plan:

4. Social/Emotional:

Present level of developmental functioning:

Developmental Age:

Developmental Rate:

Recommendations For Educational Plan:

5. Self-Help:

Present level of developmental functioning:

Developmental Age:

Developmental Rate:

Recommendations For Educational Plan:

Additional Test Data
Intelligence test scores, interpretations, etc.

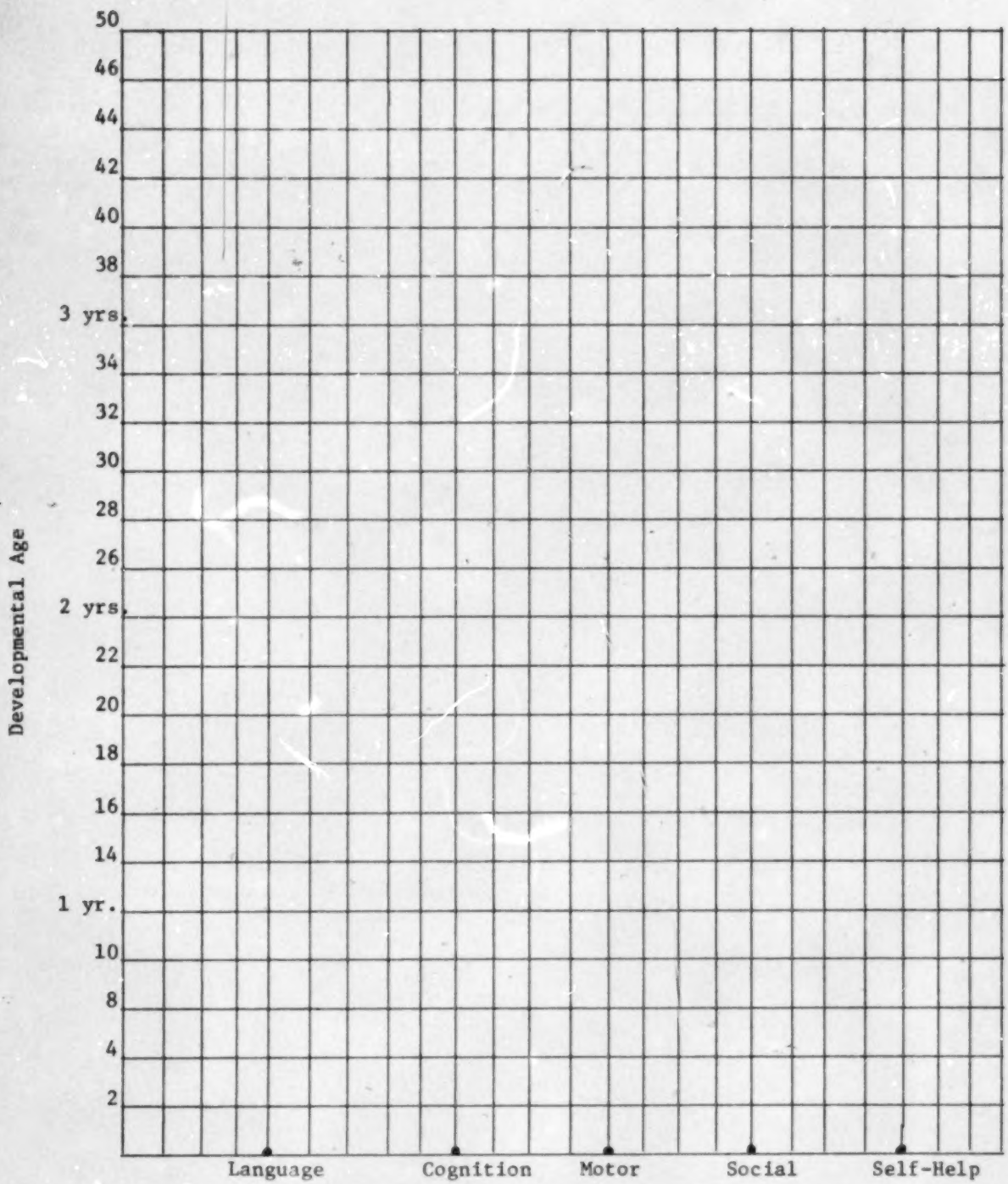
Other
Test
Data ⟶

Recommendations:

Developmental Profile

Name:
DOB:

School:
Examiner:



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Developmental Assessment Checklist

1. Is the personal data correct?
2. Is the Developmental Age determined from a standardized checklist?
3. If not, is it listed as approximate?
4. Is the Developmental Rate correctly computed?
5. Is the Developmental Rate given in a percentage form?
6. Is the Developmental Rate computed for each area?
7. Is the section on Present Developmental Level written in behavioral terms?
8. Is this section descriptive of the child's present behavior repitoire in the learning area?
9. Is the information given developmentally significant?
10. Does the information pinpoint skills already achieved or emergent opposed to those not present?
11. Is the terminology objective?
12. Are the recommendations made relevant to Developmental Age and Rate?
13. Are the recommendations important for this child?
14. Are the recommendations attainable, concrete, and positive?
15. Are Developmental findings correlated to other data?
16. Are recommendations made for referrals to other professionals and schedules of reassessment?
17. Is the information easily translatable to teachers, parents, and other professionals?
18. Is the information usable for formulating an Educational Plan?

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Notes on Educational Programming

To co-ordinate the components of this program there are certain essentials. 1) Long range planning in the form of 3 or 6 month objectives; 2) An Individualized Educational Program which translates the Long Range Objectives into activities and criterion for evaluation; 3) Schedule of Activities which organizes the classroom routine; 4) Lesson Plans done weekly for each session which includes planned activities in each learning area; and 5) Progress notes which are kept by the teacher to document any unusual or new behaviors of the child and responses to various activities.

Two additional elements should run throughout the program: repetition of activities (while remaining mundful of the interest level of the child) and consistency in the form of actions and reactions to child behavior.

Use of the checklist for the students folder will facilitate record keeping.

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Individualized Educational Program

Name_____ Date_____
DOB_____ School_____
Teacher_____ Programmer_____
Program#_____

Introduction:

1. Cognition
   Objectives:

   Activities:

   Evaluation:

2. Language
   Objectives:

   Activities:

   Evaluation:

3. Motor
   Objectives:

   Activities:

Evaluation:

4. Social/Emotional
Objectives:

Activities:

Evaluation:

5. Self-Help
Objectives:

Activities:

Evaluation:

LONG RANGE OBJECTIVES (3 to 6 months)

NAME_____ DOB_____
TEACHER_____ DATE_____

1. LANGUAGE:

ITEMS FOR EVALUATION:
1.
2.
3.

2. COGNITION:

ITEMS FOR EVALUATION:
1.
2.
3.

3. MOTOR:
FINE MOTOR:

ITEMS FOR EVALUATION:
1.
2.
3.
GROSS MOTOR:

ITEMS FOR EVALUATION:
1.
2.
3.

4. SOCIAL/EMOTIONAL:

ITEMS FOR EVALUATION:
1.
2.
3.

5. SELF-HELP:

LONG OBJECTIVES

ITEMS FOR EVALUATION
1.
2.
3.

6. FAMILY:

Check one: 6 or 3 months objectives.

Date of Evaluation:

Evaluator:

	Number of Objectives met by area	Number Set
1. Language		
2. Cognition		
3. Motor		
4. Social/ Emotional		
5. Self-Help		
6. Family		

Comments:

LONG RANGE OBJECTIVES (3 to 6 months)

NAME: Melecio DOB: 3-9-60

TEACHER: _____ DATE: _____

I. GROSS MOTOR (Stationary):
1. Melecio will be able to maintain the range of motion he now has in both lower and upper extremities.
2. Melecio will be able to assume only correct sitting positions.

ITEMS FOR EVALUATION:
1. Melecio will be able to attain the same range of motion in his extremities as initially tested.
2. Melecio will be able to sit either Indian style or straight legged (sitting in the "W" position may be harmful to Melecio's lower extremities at this time).

II. GROSS MOTOR (Movement Through Space):
1. Melecio will be able to use his scooting in motor planning activities.

ITEMS FOR EVALUATION:
1. Melecio will be able to perform a simple obstable course utilizing his present mobility.
2. Melecio will be able to follow simple commands involving motor instructions, i. e. sit in the chair, come to me.

III. FINE MOTOR:
1. Melecio will be able to reach for and attain an object.
2. Melecio will be able to grasp a small object.
3. Melecio will be able to perform a simple manipulation of objects.

ITEMS FOR EVALUATION:
1. Melecio will be able to reach for and attain a small object two out of three times.
2. Melecio will be able to grasp a small object on contact two out of three times.
3. Melecio will be able to push, pull, or manipulate an object with one or both hands.

IV. ENVIRONMENTAL AWARENESS & SENSORY DEVELOPMENT:
1. Melecio will be able to respond to an activity.
2. Melecio will be able to explore his environment through tactile awareness.
3. Melecio will be able to increase his interest in objects in the environment.

ITEMS FOR EVALUATION:
1. Melecio will be able to smile, vocalize, or show some body movement to an activity.
2. Melecio will be able to use his sense of touch in tactual experiences in exploring the environment.
3. Melecio will be able to initiate manipulation of objects by pushing, banging, shaking, etc.

V. VISUAL RESPONSE TO ENVIRONMENT:
1. Melecio will be able to make eye contact.
2. Melecio will be able to visually tract an object.

ITEMS FOR EVALUATION:
1. Melecio will be able to make eye contact 90% of the time with verbal cue.
2. Melecio will be able to tract an object 90% of the time and maintain eye contact with that object.

VI. AUDITORY RESPONSE TO ENVIRONMENT:
1. Melecio will be able to respond to sound.
2. Melecio will be able to localize a sound.

ITEMS FOR EVALUATION:
1. Melecio will be able to smile, vocalize, or make some body movement in response to a sound.
2. Melecio will be able to turn his head to a localized sound.

VII. LANGUAGE:
1. Melecio will be able to respond to his name.
2. Melecio will be able to follow simple commands..

ITEMS FOR EVALUATION:
1. Melecio will be able to respond to his name by eye contact, smile, body movement or vocalization within 10 seconds. (With or without a physical prompt).
2. Melecio will be able to follow simple commands such as: "Come Here", "Stop", "Sit down", or others which may be meaningful to his specific environment.

VIII. SELF-HELP:
1. Melecio will be able to feed himself using a spoon.
2. Melecio will be able to finger feed.
3. Melecio will be able to suck liquids through a straw.
4. Melecio will be able to take off simple articles of clothing.

ITEMS FOR EVALUATION:
1. Melecio will be able to grasp the spoon and scoop up the food with the examiner's hand grasped over his hand, take the spoon to his mouth and take the food off the spoon with his lips.
2. Melecio will be able to grasp the spoon and scoop the food onto the spoon without the examiner's hand touching his hand; a verbal cue may be given.
3. Melecio will be able to grasp a finger food with the examiner's hand over his hand for assistance and take the food to his mouth and bite off the food.
4. Melecio will be able to grasp a finger food and eat it independently; a verbal cue may be given.

5. Melecio will be able to purse his lips around the straw.
6. Melecio will be able to suck the liquid up through the straw without the examiner squeezing the liquid up.
7. Melecio will be able to remove socks, shoes, pants, pullover shirt, and unbutton shirt with assistance from the examiner.
8. Melecio will be able to remove socks, etc., with a verbal cue; physical prompting consisting of a slight touch may also be utilized.

IX. SOCIAL EMOTIONAL:
1. Melecio will be able to decrease self stimulatory behaviors.
2. Melecio will be able to increase awareness of persons.

ITEMS FOR EVALUATION:
1. Melecio will be able to decrease self stimulatory behaviors.
2. Melecio will be able to respond to people by smiling, vocalizing, or body movement.

Check one: 6 or 3 months objectives

Date of Evaluation:

Evaluator:

	Number of Objectives met by area	Number Set
1. Gross Motor (Stationary)		
2. Gross Motor (Movement)		
3. Fine Motor		
4. Environmental Awareness Sensory Dev.		
5. Visual Response to Environment		
6. Auditory Response to Environment		
7. Language		
8. Self-Help		
9. Social Emotional		

Comments:

Developmental Assessment

Name: Melecio School: _____

DOB: 3-9-60 Date: _____

Age: 16 yrs. 11 mos. Examiner: _____

Assessment Scales Used:

Developmental Profile

1. Language:

Present level of developmental functioning: Receptive Language Skills: When approached by sound or by people Melecio stopped activities (eating or body movements) momentarily; then resumed. He was observed to make a similar response when talked to by the mother or sister. Although Melecio did respond to activity he was not observed to give direct attention by eye contact to voices or objects. He did smile at times yet not in response to any particular stimulus. He was not able to localize sounds, nor did he respond by deliberate body movements (turning) to any stimuli such as: calling his name, ringing a bell, or finger snapping. His mother reported that he does respond to her when she raises her voice in anger or to scold. Although Melecio exhibits skills typical of a young infant in language, (according to developmental milestones), his body movements, gestures, and verbalizations were more complex in nature.

Expressive language skills include: Melecio does produce vowel like sounds and single syllable consonnant sounds, these are usually in combination with frequent body movements; his mother reported a "special" cry for hunger and behavior changes which seem to be adapted to the daily routine; vocalizations are differentiated for pleasure and non-pleasure situations; he also was observed to laugh; and increased body (mainly hand) movements in response to stimuli.

Developmental Age: 4 months

Developmental Rate: 2% of normal development

Recommendations for Educational Plan: Begin language Development Program, emphasize both systematic language training and language stimulation. Major goals include attending and responding to environmental stimulation.

2. Cognition:

Present level of developmental functioning: Melecio avoided interaction with both people and objects; the exception was mealtime. During mealtime he anticipated each spoonful; he exhibited this by opening his mouth. At this time his mother assumes the major role in feeding. He showed a

a difference in response for mother and sister than he did for the examiner. The mother reported that he does favor some people to others. He shows this by resistance and increased vocalizations. Melecio was able to track both a bell and a yarn ball. When the bell was dropped Melecio appeared to "look" for it. This indicates the presence of prerequisite skills for attending.

Also during the session Melecio participated in a game of Peek-a-boo. Although Melecio didn't attempt to grasp or pull the cloth from his face, he did show surprise by his expression each time we tried this. Melecio did not respond to his name, nor did he reach out to initiate actions. Although he vocalized he was not observed to imitate sounds.

Developmental Age: 10 months

Developmental Rate: 5% of normal development

Recommendations for Educational Plan: Encourage interaction with both people and objects. Set objectives for appropriate developmental level. Choose materials for intervention which have a multi-sensory appeal. Use some of the techniques which have been developed for use with multiply handicapped deaf-blind children.

3. Motor:

Present level of developmental functioning: Fine Motor Skills include: Watches movement of hands, grasps rattle or small object when held out to him, but drops after a few seconds, he displayed no grasp reflex, his hands are usually open, he was observed to pull on tee-shirt. These skills occur at about 3 to 4 months in normal child development.

Gross Motor Skills include: independent sitting, pulls self to sitting, pull self to sitting position on a chair, to mobilize himself, he scoots on the floor, when assisted he was able to make stepping movements, however, Melecio was not able to pull to standing (Both feet exhibited deformaties).

Developmental Age: 10 months

Developmental Rate: 5% of normal development

Recommendations for Educational Plan: Begin Physical Therapy and Occupational Therapy Programs to emphasize both fine motor and gross motor intermention.

4. Social/Emotional:

Present level of developmental functioning: Melecio indicated a preference

for familiar persons (both sister and mother). He showed this by slowing down the activity level when the mother or sister intervened. Also when the examiners "played" with Melecio he did not resist. When the activity ended he began to vocalize and initiate body movements. This was a reaction to stimulation. During the session previously described self stimulatory behavior were provided.

Developmental Age: 6 months

Developmental Rate: 3% of normal development

Recommendations for Educational Plan: Decrease certain self-stimulatory behaviors; replace with multi-sensory stimulation. Encourage socialization, again utilize multi-sensory approach. Refer to major goals listed under Language.

5. Self-Help:

Present level of developmental functioning: Melecio is fed by the mother. Feeding routine involves the mother spoon feeding and holding cup for Melecio. During this routine Melecio anticipates feeding by opening his mouth. At this time he doesn't finger feed or drink from a cup independently. This is mainly due to fine motor adaptive skills. He isn't able to grasp and retain an object and bring to his mouth. Although he does bring his hand to his face (eye level) he doesn't put his hands on his mouth. Activities need to be co-ordinated with a Fine Motor Program. Also Melecio is nocturnal, perhaps some observations could be made so that "learning stations" could be set up for night time use. Melecio was very co-operative during dressing and undressing. When his tee-shirt was placed over his head, he moved his arms until the shirt came off.

Developmental Age: 12 months

Developmental Rate: 6% of normal development

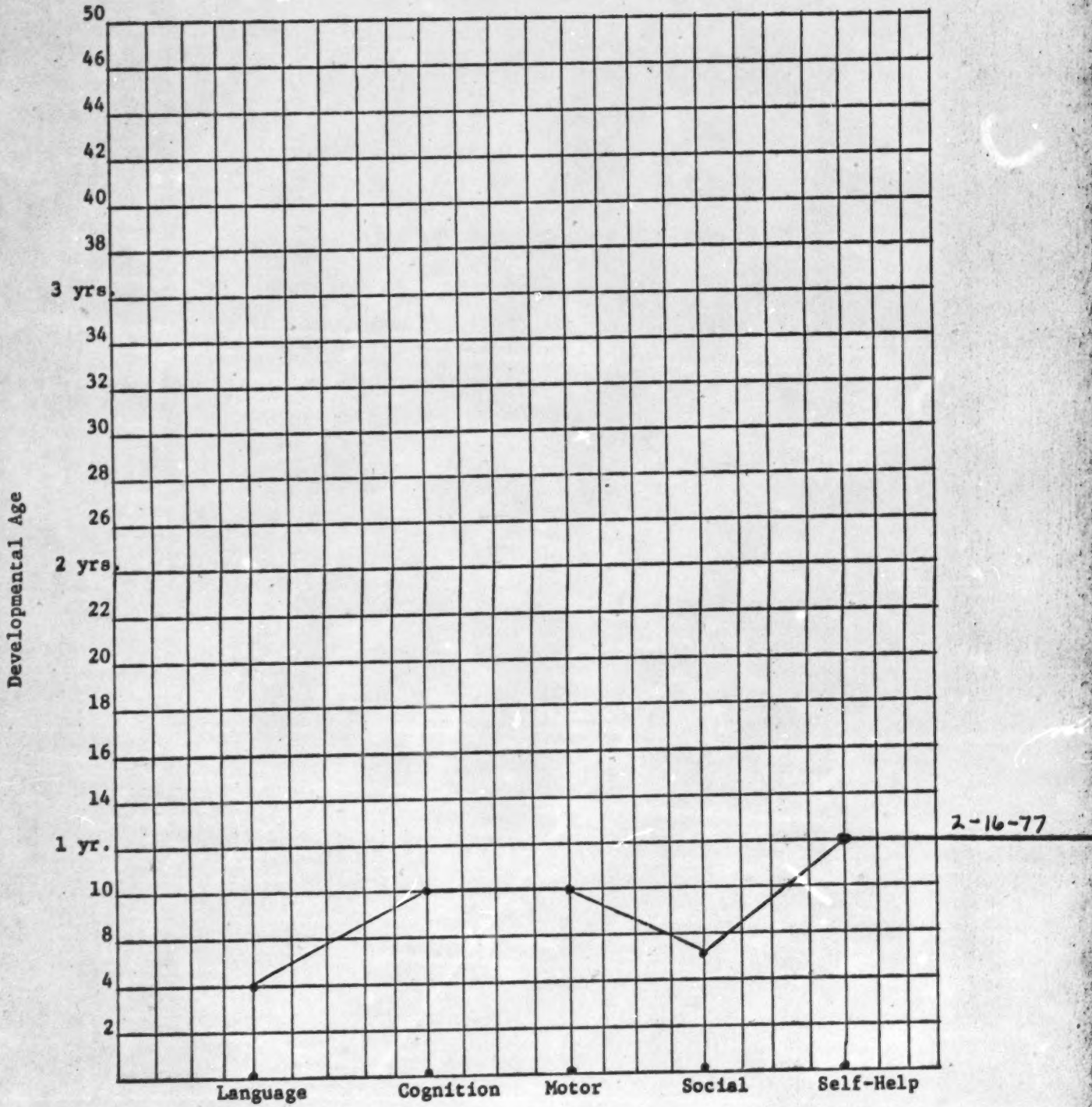
Recommendations for Educational Plan: Begin systematic beginning self-help program. Utilize an Occupational Therapy Technique. Emphasize feeding, dressing, and hygine.

Recommendations: Reevaluate in 6 months using a Vineland and Developmental Profile. Begin Educational Program emphasizing appropriate developmental age objectives. Also begin therapy program. Utilize a multi-sensory approach in all activities. Sources for appropriate materials include: APT Self-Help Program; A Manual For Assessment and Training of Severely Multiply Handicapped Deaf-Blind Students. Beyond The Limits; Wabash Training Center Developmental Training Program; and Clelland and Swartz recommendations these are available through the Education Service Center Region II.

Developmental Profile

Name: Melecio
DOB: 3-9-60

School:
Examiner: Mary Anne Harmon



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